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Date: 01/23/2007 10:47:47 AM
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From: Steve Hole
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Greetings:

Please see attached Change of Correspondence Address Application for the following:

Application #: 10/799,720

Inventor: Stephen Hole, New York, NY

Examiner Name - Casler, Traci

Please feel free to contact me should you have any additional questions.

Best regards,

Steve Hole
stephenhole@gmail.com
646.256.1561

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PTO/SB/122 (01-05)

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<p align="center">CHANGE OF CORRESPONDENCE ADDRESS Application</p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	Application Number	10/799,720
	Filing Date	3-15-2004
	First Named Inventor	STEPHEN HOLE NY, NY
	Art Unit	3629
	Examiner Name	GALEA, TRACY
	Attorney Docket Number	?

Please change the Correspondence Address for the above-identified patent application to:

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☒ Firm or Individual Name: **STEPHEN HOLE**

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☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☐ Attorney or agent of record. Registration Number: _____

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number: _____

Signature: *[Signature]*

Typed or Printed Name: **STEPHEN HOLE**

Date: **1/23/07** Telephone: **(646) 236-1561**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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